

## NORTH CAROLINA STATE ETHICS COMMISSION 2015 STATEMENT OF ECONOMIC INTEREST

919-715-2071

www.ethicscommission.nc.gov

COMPLETE THIS FORM AND MAIL SIGNED, ORIGINAL TO STATE ETHICS COMMISSION, 1324 MAIL SERVICE CENTER, RALEIGH, NC 27699-1324

FILER'S NAME (FIRST, MIDDLE, LA	AST)			
First Name	Middle Name	Last Name Suffix		Suffix
Timothy	Keith	Moore		
CURRENT EMPLOYER		•	JOB TITLE	
NC House of Representatives			Representative	
NATURE OR TYPE OF BUSINESS				
legislator				
REASON FOR FILING (SELECT ALI	THAT APPLY)			
☐ STATE GOVERNMENT JOB (Please specify the agency for which you work or are being considered)			BOARD/COMMISSION (Please list complements of State boards on which you are serving or any state boards on which you are serving or any state boards on which you are serving or any state boards on which you are serving or any state boards on which you are serving or any state boards on which you are serving or any state boards on which you are serving or any state boards on which you are serving or any state boards on which you are serving or any state boards on which you are serving or any state boards on which you are serving or any state boards on which you are serving or any state boards on which you are serving or any state boards on which you are serving or any state boards on which you are serving or any state boards on which you are serving or any state boards on which you are serving or any state boards on which you are serving or any state boards on the serving of the serving or any state boards on the serving of the serving or any state boards on the serving of the serving or any state boards on the serving of the serving or any state boards on the serving of	
☐ JUDICIAL OFFICER (Please specify the office you hold)		☑ LEGISLATOR (Please specify House or Se	enate)	
			House of Representatives	

Do other immediate family  ✓ Yes □ No	y mem	bers reside in your h	ousehold?					
When used throughout this	s form,	the term Immediate	e <b>family</b> inclu	ides your spoi	use (unless legally se	parate	d). It also includes	
members of your extended	l famil	y (your and your spo	use's childre	n, grandchildr	en, parents, grandpa	rents, a	and siblings, and the	
spouses of each of those p	ersons)	who reside in your	household.					
Minors are emancipated by		_					_	
FULL NAME OF ADULTS & EMANCIPATED MINORS	RI	ELATIONSHIP	EMPL	OYER	JOB TITLE		NATURE OF BUSINESS	
INITIALS FOR UNEMANCIPATED CHILDREN	RI	ELATIONSHIP	EMPL	OYER	JOB TITLE		NATURE OF BUSINESS	
TMM	Son		None		None		None	
WBM	Son		None		None		None	
PROPERTY INTEREST	S				l .			
1. As of December 31, 201	4, did	you, your spouse, or	members of	your immedia	ate family:			
	_	• •		·	<del></del>	ket val	lue of \$10,000 or more?	
☑ Yes □ No								
Owner of Real Estat	e	% Ownership	Interest	Location by City			Location by County	
Tim Moore		100		Kings Mountain		Cleveland		
Tim Moore		50	Huntersville		M		Mecklenburg	
Tim Moore		100	Kings Mounta		tain Cle		Cleveland	
Tim Moore		100	Kings Mountai		tain Clev		land	
Tim Moore	Tim Moore 100			Kings Mountain		Cleveland		
Tim Moore		25		Siler City C		Chath	Chatham	
Tim Moore		25		Pfafftown		Forsy	th	
		1				1		

Name of Lecent	Name	of Lessee (Renter)	If Real Estate, Loca	ation by	If Personal Property, Describe
Name of Lessor	Name	of Lessee (Renter)	City & Coun		in reisonal rroperty, Describe
2. At any time during 2013 or 20	)14 did you	ı vour spouse or mer	nbers of your immediate	e family se	ll to or buy from the State of
North Carolina personal property				<u>-</u> <u></u>	11 00 01 0 01 1 10 11 010 2 100 01
Yes ☑ No					
Name of Purchaser		Name	of Seller		Type of Property
FINANCIAL INTERESTS					
	you, your s	spouse, or members of	your <u>immediate</u> family	own any o	of the following financial interests
valued at \$10,000 or more?  A. Stock in a publicly owned	aomnany?				
A. Stock in a publicly owned	company:				
✓ Yes No					
Do <u>not</u> list ownership in		•			egulated investment companies,
Do <u>not</u> list ownership in or pension or deferred of	compensatio	on plans) if: (i) the fun	d is publicly traded or it	ts assets ar	e widely diversified; and (ii)
Do <u>not</u> list ownership in or pension or deferred on neither you nor an imm	compensation de la compensation	on plans) if: (i) the fun ly member are able to	d is publicly traded or it	ts assets ar	•
Do <u>not</u> list ownership in or pension or deferred of neither you nor an imm pension or deferred con	compensation de la compensation	on plans) if: (i) the fun ly member are able to	d is publicly traded or it control the assets held i	ts assets ar	e widely diversified; and (ii)
Do <u>not</u> list ownership in or pension or deferred on neither you nor an imm pension or deferred con	compensation dedicate family appensation propensation pro	on plans) if: (i) the fun ly member are able to	d is publicly traded or it control the assets held i	n the mutu	e widely diversified; and (ii) all fund, investment company, or
Do <u>not</u> list ownership in or pension or deferred on neither you nor an imm pension or deferred con  Owner of	compensation dedicate family appensation propensation pro	on plans) if: (i) the fun ly member are able to	d is publicly traded or it control the assets held i	n the mutu	e widely diversified; and (ii) all fund, investment company, or
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Do <u>not</u> list ownership in or pension or deferred on neither you nor an immediate pension or deferred control Owner of Tim Moore	compensation dediate family appensation per formation per	on plans) if: (i) the fun ly member are able to plan.	d is publicly traded or it control the assets held i  Full Name of Co  Alliance Bank & Trus	n the mutu	e widely diversified; and (ii) nal fund, investment company, or
Do <u>not</u> list ownership in or pension or deferred on neither you nor an immediate pension or deferred control Owner of Tim Moore  B. <u>Stock Options</u> in a comparation of the pension of th	compensation dediate family appensation per formation per	on plans) if: (i) the fun ly member are able to plan.	d is publicly traded or it control the assets held i  Full Name of Co  Alliance Bank & Trus	n the mutu	e widely diversified; and (ii) all fund, investment company, or
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or pension or deferred oneither you nor an immediate pension or deferred compension or defe	compensation pensation point interest	on plans) if: (i) the fun ly member are able to plan.	d is publicly traded or it control the assets held i  Full Name of Co  Alliance Bank & Trus  Hewlett Packard	n the mutu ompany (l	e widely diversified; and (ii) all fund, investment company, or
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C. Interests in a non-publicly owned company or business entity (including interests in sole proprietorships, partnerships, limited				
partnerships, joint ventures, limited liability companies, limited liability partnerships, and closely held corporations)?				
Owner of Interest		Name of	Company or Business Entity	
Tim Moore		Tim Moore, Attorney	at Law, P.A.	
Tim Moore		Moore Properties of K	ings Mountain, LLC	
Tim Moore		Southeast Land Holdin	ngs, LLC	
Tim Moore		Southeast Recycling, I	LLC	
C (1). For each non-publicly owned con	npany or business entit	y (the "primary compa	ny") identified in question 3.C above,	
please list the names of any other companies	s or business entities in	which the primary cor	mpany owns securities or equity interests	
valued at over \$10,000, if known.				
Non-Publicly Owned Company or Bu Primary Company)	siness Entity (the	Other Companies Sec	in which the Primary Company Owns urity or Equity Interests	
✓ None or Not Known				
C (2). If you know that any company or	business entity listed i	n 3.C or 3.C(1) above 1	nas any material business dealings or	
business contracts with the State of North Co	arolina, or is regulated	by the State, provide a	brief description of that business activity.	
Name of Company or Business Entity		Description of	of Business Activity with the State	
□ None or Not Known				
Tim Moore, Attorney at Law, P.A.		court appointed legal work		
4. As of December 31, 2014, were you, your spouse, or members of your immediate family the beneficiaries of a vested trust with a value of \$10,000 or more that was created, established, or controlled by you?  Do not list assets held in blind trusts. See 2015 SEI Helpful Tips for the definition of "Vested Trust" and "Blind Trust."  ☐ Yes ☑ No				
Name and Address of Trustee	Description	of the Trust	Your Relationship to the Trust	

5. As of December 31, 2014, did	you, your spouse, or members of	your immediate family have liabi	lities of \$10,000 or more,
excluding the mortgage on your	primary personal residence? Exam	nples include credit card debts, au	to loans, student loans, personal
loans and intra-family debt.	•		•
☐ Yes ☑ No			
Name of Debtor (You, Spouse	e, Immediate Family Member)		ercial Bank, Credit Union, ual, etc.)
6. List each source of income (no	ot specific amounts) of more than	\$5,000 received by you, your spot	use, or members of your
immediate family during 2014.	Include salary, wages, state/local	government retirement, profession	al fees, honoraria, interest,
dividends, rental income, busine	ss income, and other types of inco	ome required to be reported on you	r State and federal tax returns.
Do <u>not</u> include income received	l from the following sources:		
Capital gains	Federal government reti	irement	
<ul><li>Military retirement</li></ul>	► Social security income/S		
Recipient of Income	Name of Source	Type of Business/Industry	Type of Income
☐ I had no reportable income ov	er \$5,000 in 2014.		
Tim Moore	Tim Moore, Attorney at Law, P.A.	law office	legal fees, rentals
Tim Moore	NC General Assembly	legislator	salary
Tim Moore	NC General Assembly	legislator	salary
Tim Moore	Southeast Recycling, LLC	metal recycling	distribution
Tim Moore	Moore Properties of Kings Mountain, LLC	rental property	rental income
PROFESSIONAL AND CIVIO	CRELATIONSHIPS		
7(a). During 2014, were you, you	ar spouse or members of your imr	nediate family a director, officer, g	governing board member,
		orofit corporation or organization of	_
* *		olic health and safety, or education	
	eed to question 8.	·	
•	<del></del>	a political subdivision of the State	
Do not list organization	s of which you are a mere member	er.	
Name of Person	His/Her Position	Name of Nonprofit Corporation or Organization	Nature of Business or Purpose of Organization

7(b). If the nonprofit corporation please provide a brief description					
Name of Nonprofit Cor			Describe State Business or State Funding		
□ None or Not Known					
Please answer the following question as it pertains to the following board/agency:					
House of Representatives  8. During 2014, were you, your spouse, or members of your immediate family a director, officer, or governing board member of any					
society, organization, or advocacy group with an interest in matters over which your agency or board may have jurisdiction?					
☐ Yes ☐ No ☑ Legislator/Ju	udicial Offic	er - You are not req	uired to complete this qu	uestion if y	ou are filing because you are a
legislator or	a judicial of	fficer or you are filing	g as an appointee to those	e offices.	
▶ Do not list organization	ns of which	you are only a membe	er (not serving in a leade	rship role)	
Name of Person		Name of Society	y, Organization or cy Group	Leaders	hip Position (Director, Officer, Board Member)
		Auvoca	icy Group		Board Member)
9(a). List the name of each comp	any or busi	ness with which you	vere associated where v	Oil Or a me	mber of your immediate family
was an employee, director, office				ou or a me	moer or your <u>miniculate</u> family
Name of Person		tionship to Filer	Name of Company		Role of Person
☐ No Business Associations					
Tim Moore	self		Tim Moore, Attorney at Law, P.A.		attorney / owner
Tim Moore	self		Moore Properties of Kings Mountain, LLC		owner
Tim Moore	self		Southeast Recycling, LLC		member / manager
Tim Moore	self		Southeast Land Holdings, LLC		member / manager
9(b). If you know that any comp	anv or busir	ness entity listed in 9(a	a) above had any materi	al business	dealings or business contracts
with the State of North Carolina	•	·	·		•
activity.					
Name of Company	y or Busine	ss Entity	<b>Description</b> of	of Busines	s Activity with the State
☐ Not applicable (No entities lis	ted on #9a)	☐ No relationship /	Not known		
Tim Moore, Attorney at Law, P.	A.		court appointed legal services		

10. Are you a practicing attorned  ✓ Yes ☐ No ☐ Judicial Off					
If "Yes", check each category of of more than \$10,000 during 20		ch you or the law firm with w	hich you are affiliated has earned legal fees		
✓ Administrative	☐ Admiralty	✓ Corporate	☑ Criminal		
✓ Decedent's Estates	☐ Environmental	☐ Insurance			
✓ Local Government	Real Property	☐ Securities	☐ Tax		
✓ Tort litigation (including negligence)	Utilities Regulation	Other category not	isted.		
11. During 2014, were you a lice	ensed professional (other tha	n an attorney) or did you pro	vide consulting services individually or as a		
member of a professional associ	ation for which you charged	or were paid over \$10,000?			
☐ Yes ☑ No					
Type of	f Business	Nat	ure of Services Rendered		
Please answer the following que	estion as it pertains to the foll	owing board/agency:			
House of Representatives					
12. Are you or your employer, your spouse or members of your immediate family, or their employer currently:					
• <u>Licensed by</u> the State board of					
• Regulated by the State board	or employing entity with wh	ich you are or will be associa	ited <b>or</b>		
• <u>Have a business relationship</u>	with the State board or emplo	oying entity with which you	are or will be associated?		
· ·		• • •	uestion if you are filing because you are a		
_		officer" is defined in the SEI	Helpful Tips) or you are filing as an		
Name of Person	those offices.	mployer (if applicable)	Type of Relationship (Licensing,		
Name of 1 crson	Name of E.	прюует (п аррпсавіе)	Regulatory, Business)		
	1		1		

13. Are you, <u>your spouse</u> , or a mo	ember of your immediate family c	urrently registered as a lobbyist or	r lobbyist principal or were you
registered as such within the 12 r	nonths preceding your filing of thi	is form?	
☐ Yes ☑ No			
Name of Lobbyist	Lobbyist's Principal	Date of Registration	Registration Expiration
OTHER DISCLOSURES			
14. During any calendar quarter i	n 2014 (but only the time period a	after you were appointed, employe	ed or filed or were nominated as a
candidate), did you			
• receive any gift(s) exceeding \$2	200 per quarter from a person or g	roup of persons acting together, a	nd
	· · ·	at the time you accepted the gift(s)	<del>_</del>
• the gift(s) were given under cir	cumstances that would lead a reas	onable person to conclude that the	ey were given for lobbying?
☐ Yes ☑ No			
Do not report gifts given	n by members of your extended fa	mily	
	·	•	60.4 4 117
• •		you to the Department of the Secre	etary of State on the "Expense
Report for Exempted Pe		D	Tathara And Mankat Maka
Date Item Received	Name and Address of Donor(s)	Describe Item Received	Estimated Market Value

Please answer the following ques	ction as it pertains to the following  House of Re	g board/agency:			
5. During 2014 (but only the time period after you were appointed, employed, or filed or were nominated as a candidate) did you					
• accepted a "scholarship" excee	ding \$200 from a person or group	of persons acting together and			
• those person(s) were outside N	orth Carolina <b>and</b>				
• the scholarship was related to y	our public position? <b>A "scholar</b> "	ship" is a grant-in-aid to attend	a conference, meeting, or		
similar event.	1 1	1 8	, 8,		
✓ Yes □ No □ Judicial Offic judicial offic	•	plete this question if you are a jud	icial officer or you are filing as a		
Report for Exempted Pe	ersons."	you to the Department of the Secr	•		
•	ired to report scholarships paid by s a member or participant or an af	y a nonpartisan legislative organization	ation of which the legislator or		
Date of Scholarship	Name and Address of	Describe Event	Estimated Market Value		
	Donor(s)				
9/6/2014	The Center for International Understanding 100 East Six Forks Rd., Suite 300 Raleigh, NC 27609-0000	Global Leaders Study Program to Germany from Sept. 6-14, 2014	\$5,000.00		
Please answer the following ques	stion as it pertains to the following	g board/agency:			
1 · · · · · · · · · · · · · · · · · · ·	•	presentatives			
16. Were you appointed or are you state member?  Council of State members are:	ou being considered for an appoin	tment to a covered board by the G	overnor or another Council of		
• Governor	• Lt. Governor	• Secretary of State			
State Auditor	• State Treasurer	• Superintendent of F	Public Instruction		
Attorney General	• Commissioner of Ag	•			
Commissioner of Insurance	_	· · · · · · · · · · · · · · · · · · ·			
☐ Yes ☑ No					
	ou (NOT immediate family me	mbers) made during 2014 with a	cumulative total of more than		
·	r Council of State member who		cumulative total of more than		
<ul> <li>Contributions are define</li> </ul>	ed in N.C.G.S. 163-278.6(6) and i	nclude, but are not limited to, "any or subscription of money or anyther."	• •		
Date	Am	ount	Contributed to		
☐ No contribution(s) with a cum	ulative total of more than \$1,000	<u> </u>			

Please answer the following question as it pertains to	the following board/agency House of Representatives			
17. Are you an appointee or prospective appointee to:				
<ul><li>a. the head of a principal state department (e.g. ca or</li><li>b. a North Carolina Supreme Court Justice, Court or</li><li>c. a member of any of the following boards:</li></ul>	V: 11			☑ No
<ul> <li>ABC Commission</li> <li>Coastal Resources Commission</li> <li>State Board of Education</li> <li>State Board of Elections</li> <li>Division of Employment Security</li> <li>Environmental Management Commission</li> <li>Industrial Commission</li> <li>Human Resources Commission</li> <li>Rules Review Commission</li> <li>Board of Transportation</li> <li>UNC Board of Governors</li> <li>Utilities Commission</li> </ul>				
d. If so, were you appointed or are you being con position by a Council of State member? Council	= =	=		☑ No '', proceed to question
e. If so, you must indicate whether during 2014 you (not immediate family members) engaged in any of the following activities with respect to or on behalf of the candidate or campaign committee of the Council of State member who appointed you to your public position:  i. Collected contributions from multiple contributors, took possession of such multiple contributions, and transferred or delivered those collected contributions to the candidate or committee? Contributions are defined in question 16.				
ii. Hosted a fundraiser at your residence or p  iii. Volunteered for campaign-related activit phone banks, event assistance, mailings, can			□ No	
advances the campaign of a candidate?  18. Have you ever been convicted of a felony for which you have not received either: (i) a pardon of innocence; or (ii) an order of expungement regarding that conviction?  □ Yes □ No				
Offense	Date of Conviction	County of Convid	ction	State of Conviction

19. Are you aware of any other information that <i>you believe</i> may compliance with the State Government Ethics Act?	assist the State Ethics Commission in advising you concerning your
☐ Yes ☑ No If yes, please provide such information below.	
AFFIRMATION	
I affirm that the information provided in this Statement of Economaccurate to the best of my knowledge and belief.	mic Interest and any attachments hereto are true, complete, and
I also certify that I have not transferred, and will not transfer, any disclosure while retaining an equitable interest.	asset, interest, or property for the purpose of concealing it from
I understand that my Statement of Economic Interest and any atta Confidential Form regarding Unemancipated Children) are public	
I acknowledge that I have read and understand N.C.G.S. 138A-20	5 regarding concealing or failing to disclose material information
and N.C.G.S. 138A-27 regarding providing false information:	
§ 138A-26. Concealing or failing to disclose material inform A filing person who knowingly conceals or knowingly fails statement of economic interest under this Article shall be gu action under G.S. 138A-45.	
the information is false is guilty of a Class H felony and shall I Agree. It is my intention that this check box constitutes my expression of the control of	electronic signature. By checking this box I certify that the
•	nd any attachments hereto are true, complete, and accurate to the
best of my knowledge and belief.	
Timothy Keith Moore	**Notarization is no longer required**
Printed Name	
Filed Electronically	5/13/2015
Signature	Date